

The Arizona Prescription Drug Reduction Initiative

**A Multi-Systemic Approach for Targeting Rx Drug
Misuse and Abuse**

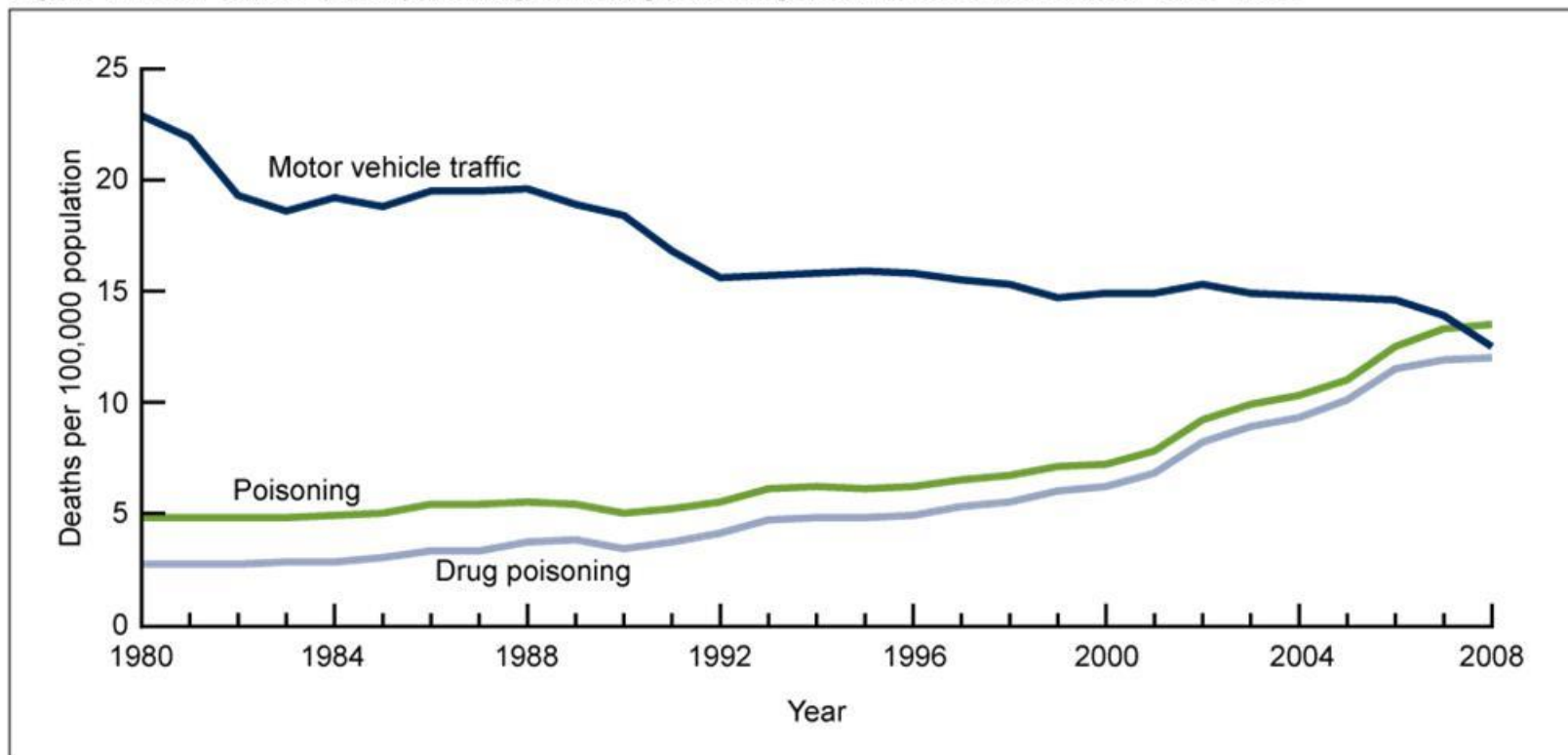
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Statistical Analysis Center**

The “Silent” Epidemic

- In November 2011, the CDC reported that deaths from Rx Pain Relievers have reached **epidemic proportions**
 - Rx Pain Reliever deaths are greater than heroin and cocaine combined
 - Rx Pain Reliever **deaths have surpassed motor vehicle deaths**
 - **~40 deaths per day** and ~15,000 per year (2008) – a **3 fold increase** since 1999
 - **Half a million ED visits** per year for misuse and abuse (2009)
- There was a **4 fold increase** in the quantity of Rx Pain Relievers sold in the U.S. in the last decade
 - Enough Rx Pain Relievers were prescribed in 2011 to medicate every Arizona adult around-the-clock for more than two weeks.

Figure 1. Motor vehicle traffic, poisoning, and drug poisoning death rates: United States, 1980–2008

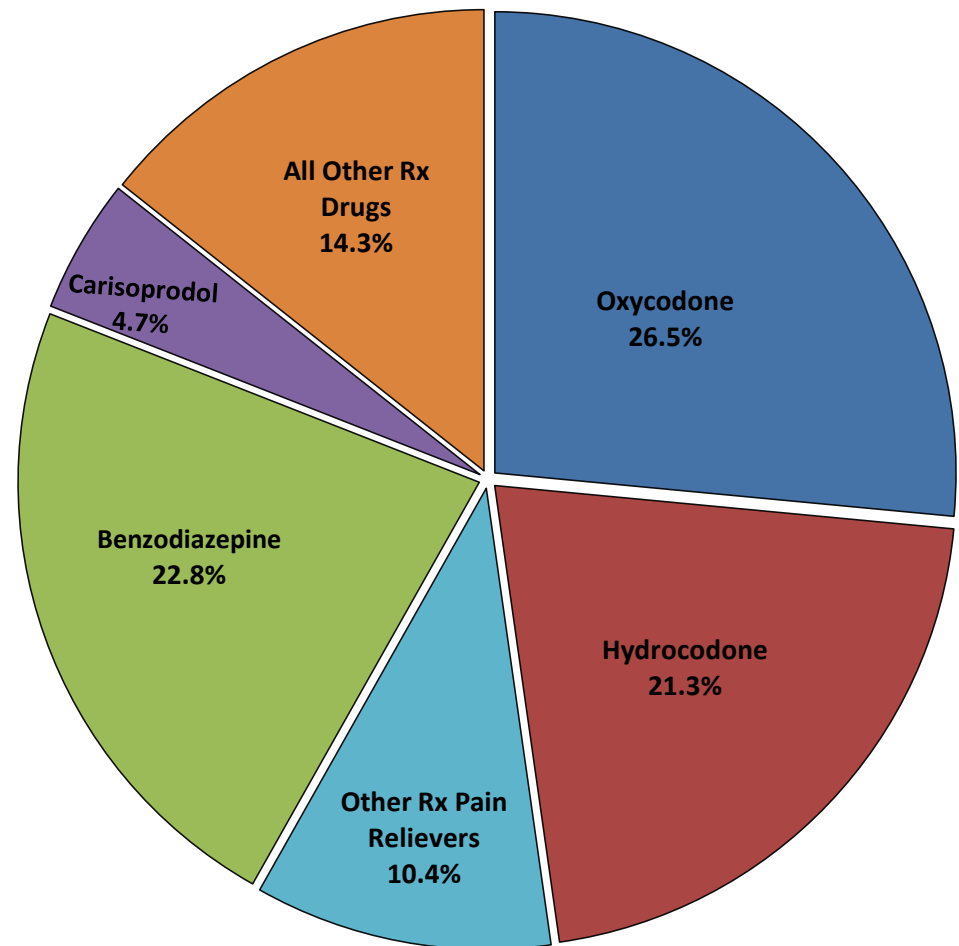


NOTE: In 1999, the *International Classification of Diseases, Tenth Revision (ICD-10)* replaced the previous revision of the ICD (ICD-9). This resulted in approximately 5% fewer deaths being classified as motor-vehicle traffic-related deaths and 2% more deaths being classified as poisoning-related deaths. Therefore, death rates for 1998 and earlier are not directly comparable with those computed after 1998. Access data table for Figure 1 at http://www.cdc.gov/nchs/data/databriefs/db81_tables.pdf#1.

SOURCE: CDC/NCHS, National Vital Statistics System.

What Is The Problem?

Percentage of Pills by Drug Type in Arizona
(2011)



- ~ **524 million** Class II-IV **pills** were prescribed in Arizona in 2011

- **Pain Relievers** had the highest % of scripts, pills and average number of pills per day. Accounting for **58.2%** of all pills prescribed

- **Hydrocodone** and **Oxycodone** accounted for 82.1% of all pain relievers prescribed in Arizona

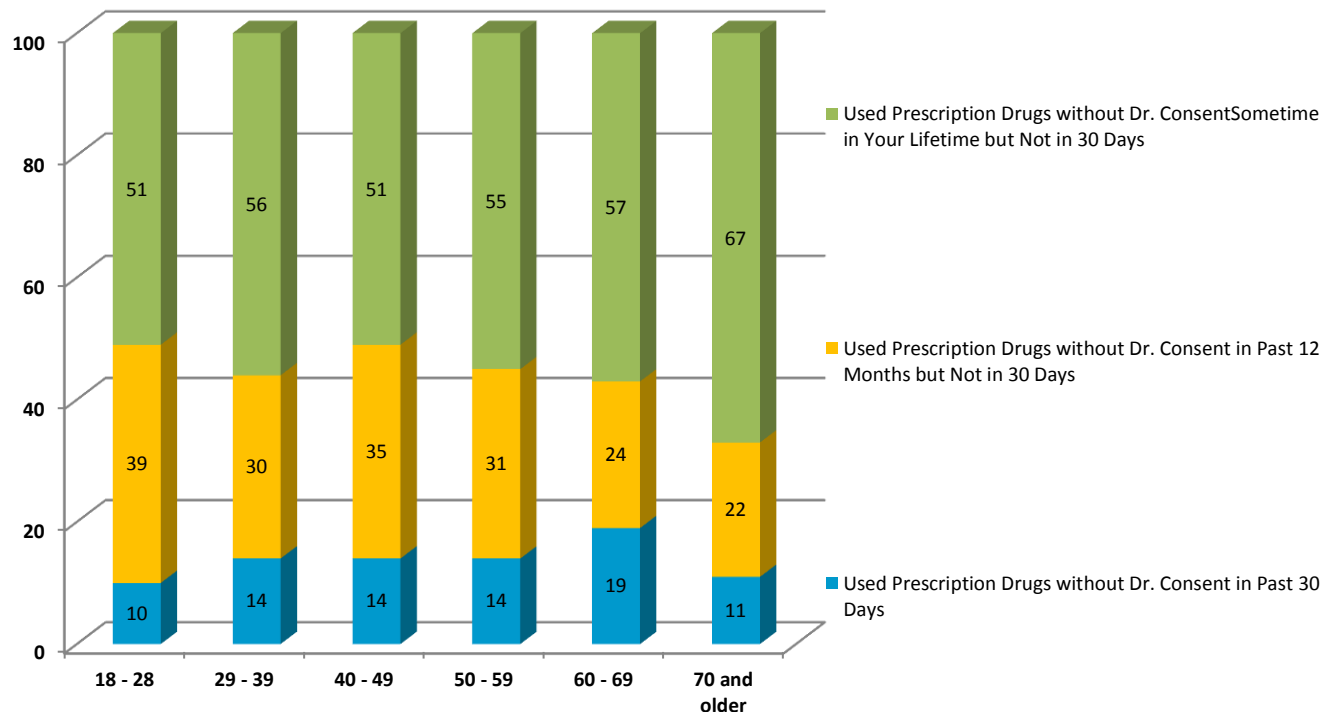
- Why it matters = probability and **access!**

Who Is It Affecting?

ARIZONA ADULTS

In 2010, ~50% of adults reported Rx drug misuse in the past 12 months and 13% reported misuse in the past 30 days

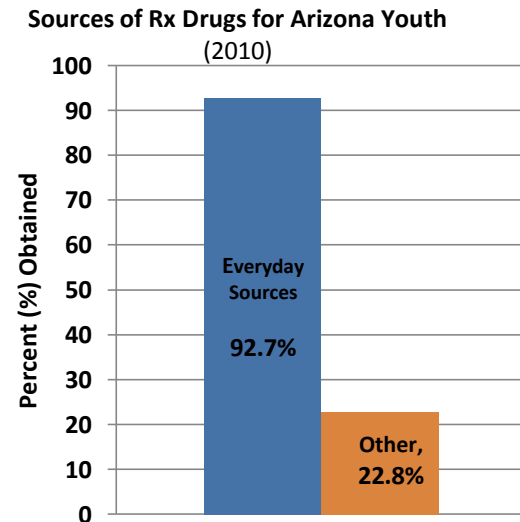
- 47% of Rx abusers reported misusing **Pain Relievers**, 32% Sedatives and 3.3% Stimulants



Who Is It Affecting?

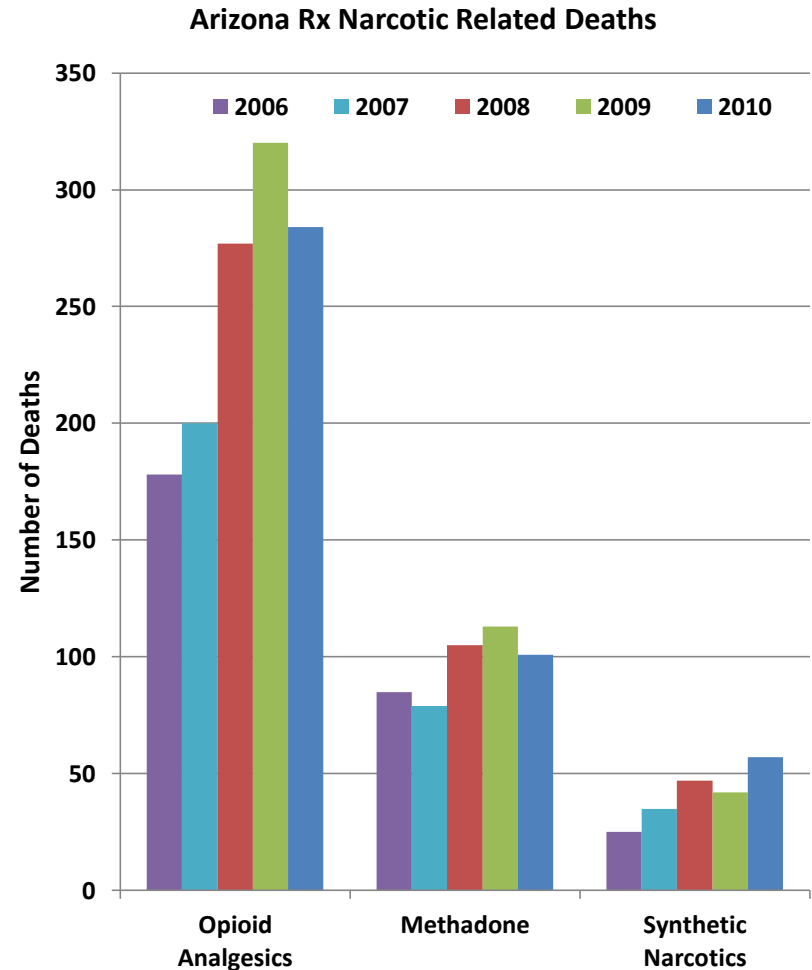
ARIZONA YOUTH

- In 2012, **7.9% of AZ youth reported current Rx drug misuse** (the most commonly used substance after alcohol, tobacco and marijuana)
 - Though a moderate decrease occurred between 2010 and 2012, Arizona remains the 6th highest state in the country for Rx drug misuse among individuals 12+ years
 - While rates of Rx type use were comparable to national levels for Sedatives and Stimulants, Arizona youth in all grades reported higher rates of **Pain Reliever misuse**
 - The **majority** of youth (92.7%) reported **obtaining** them **from everyday sources** (e.g. friends and family/home)



What Is It Costing Us?

- Mortality & Morbidity
 - Opioid-related cases in the **ED** have consistently **increased**
 - A 34.5% increase between 2008-2010
 - 490 **deaths** involved Rx narcotic drugs in AZ in 2010 (**A 53.5% increase** between '06-'10)
 - **Opioid Analgesics accounted for 64.3%**
 - 11% were youth & young adults ages of 15-24 years
 - Health insurance and AHCCCS costs
 - 52.5% of opioid-related AZ ED cases in 2010 were **paid for by AHCCCS/Medicaid**
 - CDC estimates Rx Pain Relievers cost health insurers up to **\$72.5 billion annually**
- Increase in Crime



What Is Amplifying The Problem?

i.e., What Can We Change?

- Social acceptance and the **perception** of “safety” by parents, youth, health consumers and some medical professionals
 - Lack of proper disposal and storage
 - Lack of understanding about risks
 - Lack of resilience skills
- **Only 21%** of AZ prescribers are using the PDMP
- Imbalanced **dose: diagnosis** correspondence (e.g., Oxycodone 30mg for wisdom teeth removal)
- Lack of **education and inconsistent prescribing guidelines** for Rx narcotics
- Unrealistic expectations of the Health Consumer for zero pain and immediate gratification

FINDING A SOLUTION

A Multi-Systemic Approach:

Law Enforcement, Medical/Treatment, and Prevention

History and Foundation

- Early in 2011, ONDCP published the Rx Drug Abuse prevention plan
- AZ HIDTA took the lead and held a Rx Drug Summit in October, 2011
 - Focus was in 3 domains: **law enforcement, medical/treatment, prevention**
 - » Following the ONDCP recommendations, the summit sessions lead to recommendations for **education, tracking and monitoring (PDMP), proper Rx disposal and law enforcement initiatives**
- The Arizona Substance Abuse Partnership (ASAP) made Rx drug abuse their strategic area of focus in January 2012

The Rx Drug Misuse and Abuse Initiative

- Using the ONDCP and the AZ Rx Summit recommendations, ACJC and GOCYF hosted a **Rx Drug Expert Panel** in February, 2012
 - The panel and attendees involved local stakeholders from **law enforcement, medical/treatment, and prevention/education**
 - A set of strategies was developed from recommendations made by the expert panel and attendees and **three pilot counties** were chosen for a pilot project implementation
 - The pilot project will serve as a **feasibility study** to demonstrate the feasibility and efficacy (where measurable) of the strategies for an eventual statewide initiative

Selection of the Pilot Counties

- 3 pilot counties (Yavapai, Pinal and Graham/Greenlee) were chosen based on the following criteria:
 - Evidence of **severe Rx drug problem** among youth and adults demonstrated across multiple data sources
 - Willingness to use **data-driven-decision-making** to target and tailor implementation to specific geographic areas and demographic populations within the county
 - **Capacity** for implementation: coalitions and working groups consisting of members from the 3 domains of law enforcement, medical/tx, prevention

The Strategies

1. **Reduce** Illicit Acquisition and Diversion of Rx Drugs
2. **Educate** Prescribers and Pharmacists about “Rx Drug Best Practices” and emphasize responsible prescribing
3. Enhance Rx Drug **Practice and Policies** in Law Enforcement
4. Increase Public Awareness about the **Risks** of Rx Drug Misuse
5. Build **Resilience** in Children and Adults

Strategy #1: Reduce Acquisition

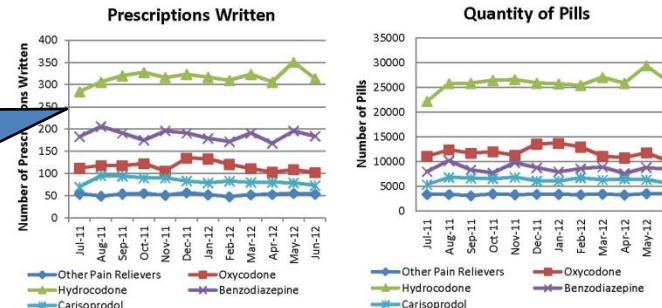
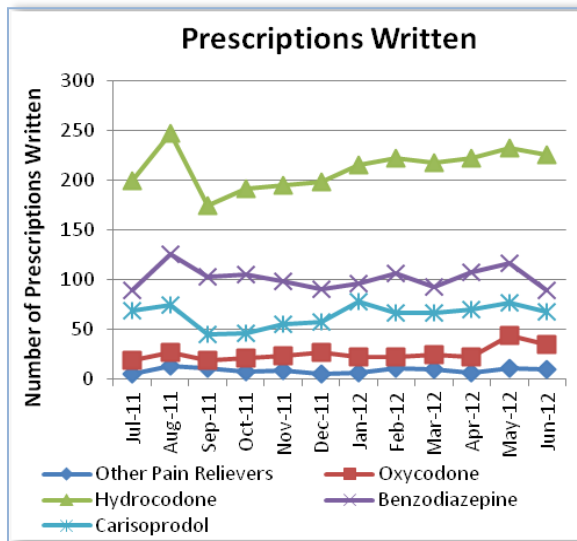
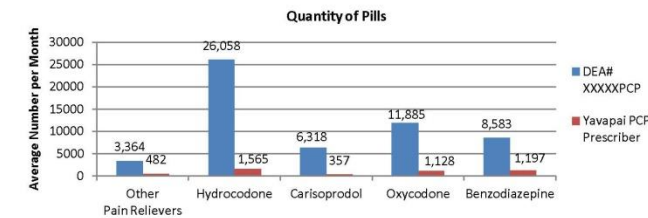
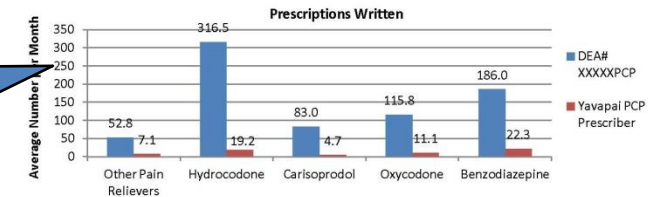
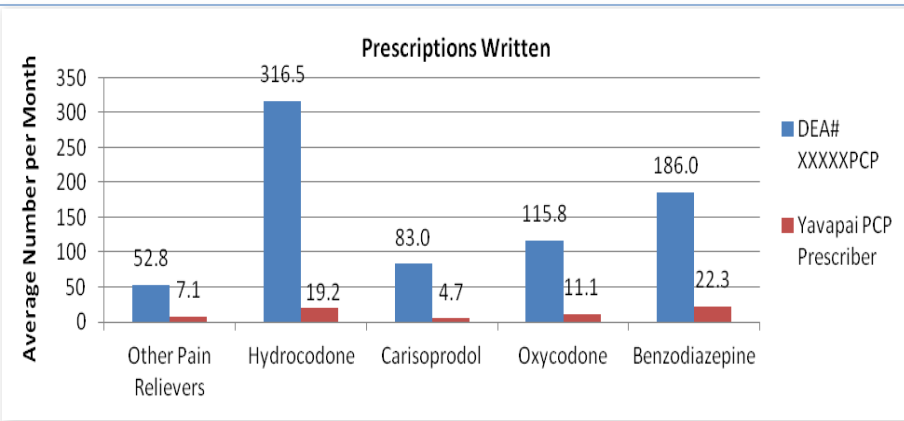
- Proper **Disposal**
 - Permanent drop boxes
 - Take-back events
 - Community education and awareness
- Proper **Storage**
 - Community education and awareness
- Increase the use of the **PDMP**
 - More law enforcement, prescribers and dispensers signed up and using the PDMP
 - A data feedback system for prescribers to self-monitor prescribing practices

PDMP Prescriber Report Card

PREScriBER: SAMPLE

A continuing review of the Prescription Drug Monitoring Program (PDMP) from 7/2011 through 6/2012 reveals the following about your prescribing habits: You have been identified as an outlier* with respect to the number of prescriptions written and the quantity of pills prescribed for Hydrocodone, Oxycodone, Benzodiazepine, Carisoprodol, and Other Pain Relievers.

*Above average prescribing for your prescriber type in your county



You are currently not signed up for access to the Prescription Drug Monitoring Program (PDMP)

http://www.azpharmacy.gov/CS-Rx_Monitoring/practitioner_procedures.asp

For additional information please contact the Arizona State Board of Pharmacy (602) 771-2744

Strategy #2: Educate Prescribers and Pharmacists about “Rx Best Practices”

- Develop and Implement a research-based “**Best Practice**” **curriculum** for prescribers and pharmacists
 - A **dosage** piece identifying when, where, and how much to prescribe; standards for refills; prescriber – pharmacist communication protocols
 - A **patient education** piece that helps prescribers and pharmacists improve the prescription drug literacy of their patients (e.g., side effects, risks, alternatives, proper storage and disposal, etc.)
- Recognition system for **responsible** prescribers and dispensers

Strategy #3: Enhance Rx Drug Practice and Policies in Law Enforcement

- **Education and training** for law enforcement officers
 - Prevalence of Rx drug abuse and diversion crimes
 - Pill recognition, use of poison control, how to read scripts and bottles, Rx street sales/trafficking and related crime
- **Improve coding structure** of data management systems for tracking Rx drug offenses
 - Add a code to arrest information that flags an Rx drug-related crime

Strategy #4: Increase Public Awareness about the Risks of Rx Drug Misuse

- Mass media blasts to **create a sense of urgency** about the Rx drug misuse and abuse problem in Arizona
- Rx 360 Adult curriculum to **educate parents and other adults about the risks** of Rx drug misuse
- Rx 360 Youth curriculum to **educate youth about the risks** of Rx drug misuse

Strategy #5: Build Resilience

- Rx 360 Adult curriculum to **train parents** and adults how **to teach youth strategies** that increase their resilience to Rx drug abuse
 - Workplace Initiatives and Community Forums
- Rx 360 Youth curriculum to **teach youth strategies** that increase their resilience to Rx drug abuse
 - Schools
 - Youth Serving Organizations
 - 6-8th grade curriculum; 9-12th grade curriculum

Evaluating the Impact of our Efforts

- **Feasibility** Study / **Pilot** Project
 - Telling the story of the implementation
 - Learning communities
- Measuring **Efficacy**
 - Impact on the number of **pills and scripts dispensed**
 - Impact on Rx **drug misuse**
 - Impact on Rx drug **crimes**
 - Impact on Rx drug-related **ED visits**
 - Impact on Rx drug-related **deaths**

Progress Highlights

- Yavapai and Pinal Counties are collecting **~200-300 lbs per month** in their drop boxes
- **PDMP prescriber sign-up has increased** 25%, 31% & 4%, respectively in Yavapai, Pinal and Graham/Greenlee Counties
- Yavapai Regional and Verde Valley Regional have **implemented the ED Guidelines** and are reporting marked decreases in drug-seeking patients
- **Report cards disseminated to over 1,000 prescribers** in Yavapai, Pinal and Graham/Greenlee Counties – feedback has been very positive
- 2 trainings in Yavapai and Pinal Counties have **trained 94 medical professionals and pharmacists** on Best Practice Guidelines
- 4 Law Enforcement trainings in Yavapai, Pinal and Graham/Greenlee Counties have **trained 201 officers**
- **Rx Drug Crimes Flagging System in place** in Yavapai County
- Several **media spots** have been implemented in Yavapai, Pinal and Graham/Greenlee Counties **educating the public** about the risks of Rx drug misuse and abuse as well as proper storage and disposal; estimated **reach is 244,631 people**
- Yavapai, Pinal and Graham/Greenlee Counties have reached **6,730 youth and 463 adults with the Rx 360 curriculum**



<http://www.azcjc.gov/acjc.web/rx/default.aspx>

Thank you so much!

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ARIZONA GUIDELINES FOR DISPENSING CONTROLLED SUBSTANCES

Arizona Pharmacy Association

Pharmacist Guidelines

- **Developed by Arizona Pharmacist Forum:**
 - Local Retail Pharmacies
 - Corporate Pharmacies
 - Midwestern University
 - University of Arizona
 - County and State Health Officials
 - Insurance Companies
 - The National Meth and Pharmaceutical Initiative
 - Local Substance Abuse Community Coalitions
- Consensus document endorsed by AzPA, State Board of Pharmacy, ACJC, HIDTA
- Intended to help reduce inappropriate use of controlled substances
- **Pharmacist MUST use their clinical judgment**

Guideline #1

- Pharmacists should check the Arizona Prescription Drug Monitoring Program before dispensing controlled substances, and specifically in the following circumstances:
- All Schedule II or Schedule III drugs for:
 - Every **new or unknown patient**
 - All **weekend and late day** prescriptions
 - Prescriptions written far from the **location** of the Pharmacy or the patient's residence
 - Any time **suspicious behavior** is noted
- Controlled substances in **high doses or high quantities**
- Any prescription considered an **outlier** to what is normally prescribed
- Any prescription for **Oxycodone 15mg or 30mg**
- Regular patients at least once per year
- Document in the patient's file to indicate that the PDMP was checked
- All pharmacists, including **"floaters"** receive education on the PDMP

SIGNS OF CHEMICAL DEPENDENCY AND DOCTOR SHOPPING	RED FLAG INDICATORS
Pupils – pinpoint or extremely dilated	Refuses or is reluctant to present identification
Droopy eyelids	Out-of-town patient or claims to be from out-of-town
Constant runny nose and rubbing of nose	Cash-paying patients or use insurance at times/pay cash at times
Complexion either pale or flushed	Very assertive
Excessive itching and scratching	Any telephone requests for narcotics
Sweating	Presents at times when prescriber cannot be reached
Tremors	Inordinate interest in the layout of the pharmacy
Rigid movements and muscle cramps	Appears to be in a hurry
Fearful and agitated (in withdrawal)	Tries to take control of the discussion
Emotionally volatile (in withdrawal)	Well versed in clinical terminology
Lethargic and disinterested (using drug)	Reports allergy to codeine, NSAIDs, or local anesthetics
Giddy and overly friendly (using drug)	Very manipulative - they tell a very good story
Evasive answers	Inappropriate interpersonal space or seductiveness

Guideline #2

- **Pharmacists should use clinical judgment for when to communicate with Prescribers, but should specifically contact Prescribers in the following circumstances:**
 - Pharmacist suspects a **forged, altered or counterfeited prescription**
 - Patient is repeatedly requesting **early refills** of controlled substances
 - Patient is specifically requesting **early refills** of Opioids, Benzodiazepines or Carisoprodol
 - Patient presents with a **high quantity** from the Emergency Department
 - Any time **suspicious behavior** is noted
 - Establish face-to-face contact with the Emergency Department Director, if you receive high traffic from ED patients
 - Call the phone number for the prescriber listed in their computer vs. the phone number on the prescription

Guideline #3

- **Pharmacists should use clinical judgment for when to communicate with other Pharmacies, but should specifically contact other Pharmacies in the following circumstances:**
 - If you receive a prescription that has been denied by another dispenser
 - If you deny a patient a prescription, it is recommended that you call other local Pharmacies (within a 5 mile radius) to alert them
 - **It is important to note that cross-communication between pharmacies is NOT a violation of HIPPA**

Guideline #4

- **Pharmacists should require a government issued identification for all new or unknown patients before dispensing any controlled substance**
- If you suspect a fake ID is involved, conduct the following steps:
 - Squeeze the ID to make sure the **weight and rigidity** matches AZ IDs
 - Look for **squared edges** (most IDs have rounded edges)
 - Using the pads of your fingers, lightly feel **for bumps, ridges and irregularities** on the front and back surfaces of the ID
 - Check for **font or coloration differences** (e.g., different font style, improper bolding, lack of shading, spelling errors, or the wrong font size)
 - Check the front and back for words like secure, valid, genuine or credibility status (these are common **false “security measures”** placed on fake IDs)
 - **Request another form of ID** (e.g., a credit card), as people who present fake IDs are often reluctant to produce another form of ID
 - **If you confirm a fake ID, do not dispense the prescription**

Guideline #5

- **Pharmacists should not fill a prescription if they believe it is forged, altered, or counterfeited**
 - Call the **prescriber** to verify **first**
 - **Be familiar** with the characteristics of **forged prescriptions**
 - Fill out an Rx Alert form for all fraudulent prescriptions: FaxNet One no longer exists, we are working on a replacement. The new Rx Alert form will be available on our web site soon.
 - If you deny a prescription, **notify other local pharmacists**
 - If you discover a pattern, **contact the authorities** - can be anonymous
 - **Be familiar** with the law and your **legal and ethical responsibilities**
 - It is unlawful to knowingly dispense controlled substances for anything other than a “legitimate medical purpose.”
 - There is no legal obligation to dispense a prescription, especially one of doubtful, questionable, or suspicious origin.
 - A fraudulent **prescription is private property** – return if requested
 - No legal requirement to contact the police but advisable that you do

Guideline #6

- Pharmacists should educate their patients about proper storage and proper disposal during the patient consultation prior to dispensing controlled substances
 - Especially if there are **youth in the home**
 - **Never** leave any controlled substance **out “in the open”**
 - **Never flush** prescriptions down the toilet **or** throw as-is in the **trash**
 - Information on **take-back events** and **permanent drop box locations** or instruct your patients to use the DEA disposal guidelines and FDA tips:
 - Take out of original container and mix with undesirable substance (e.g., coffee grounds or kitty litter); then put in a sealable bag, empty can, or other container to prevent leakage
 - Scratch out all identifying information on the prescription label to protect their identity and personal health information
 - Never share medication with friends, family or others

Prevention in the Home

Addressing the Growing Concern of
Youth Rx Drug Misuse

How big is the problem?

Yavapai county has the **3rd highest rate** of youth Rx drug misuse in Arizona

Yavapai County teens use Rx pain relievers at ***double*** the national average!

Nearly ***1 out of 6***
12 to 17 year olds has used a Rx pain reliever **without** a Dr.'s prescription

Key Factors Driving Teen Medicine Abuse

- **Misperception** that abusing medicine is not dangerous (safer than “street drugs”)
- Parents are **less familiar with “pills”** – they often have no frame of reference since abusing these types of drugs didn’t exist in their youth
- **Ease of access** via medicine cabinets at home or friend’s house, own or other person’s prescriptions

What Can Parents Do?

- **Educate** yourself about medications kids are abusing
- **Communicate: Talk** with your kids / kids in your life about the risks
 - Let your kids know you disapprove of any drug/alcohol use – kids who believe their parents will be upset if they try drugs **are 43% less likely to do so**
- **Safeguard** medications at home (and ask friends to do the same)
- **Dispose** of medications properly

How To Spot Rx Misuse & Abuse

- Here are 5 changes to watch for...
 1. Missing Pills
 2. Slurred speech but no odor of alcohol
 3. Deteriorating relationships with family
 4. Less openness and honesty
 5. Abrupt change in friends, groups, behavior
- Be aware of special vulnerabilities

What to Do When You Spot Drug/Alcohol Use

5 ways to take action

1. Focus - You can do this
 - ✓ Don't panic, but act right away
2. Start talking
 - ✓ Let your child know you are concerned - communicate your disapproval
3. Set limits – set rules and consequences
4. Monitor – Look for evidence, make lists, keep track
5. Get outside/professional help – you don't have to do this alone



Prescription Drug Epidemic

More Arizona teens get high on prescription medicine than cocaine, meth and Ecstasy combined. It is the fastest-growing drug problem in our country and considered an epidemic by the Centers for Disease Control and Prevention.

When taken as directed by a physician, there are medical benefits to prescription drugs. When misused, they are the silent killer. We often don't hear about prescription drug deaths in the news because they occur in a private setting like your home. Kids don't wake up.

We need to work together to save precious lives. Take action now. Follow these three steps to help keep your children safe from the danger of prescription drug misuse.

[Una Guía para ayudar a su hijo a llevar una vida saludable y sin drogas.](#)



1. Educate Yourself on the Prescription Medicines Kids are Abusing.

- [Rx Pain Relievers](#)
- [Rx Sedatives and Tranquilizers](#)
- [Rx Stimulants](#)



2. Communicate - Have a conversation with your children about the dangers of misusing medications.

- Tips for Talking with an [elementary student](#)
- Tips for talking with a [middle school student](#)
- Tips for talking with a [high school student](#)



3. Safeguard your medicine cabinet and ask your friends and family to do the same.

Learn about [proper disposal](#) of medications that you don't need anymore and also local prescription drug turn in events sponsored by the [Drug Enforcement Administration](#) and your local police or sheriff's office.



QUESTIONS?

Arizona State Board of Pharmacy

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